

13 OCT 1981

5EWHME

Mr. A.W. Logan
Manager Pesticides
Fertilizer and Pesticides Department
Amoco Oil Company
55 West 22nd Street
Lombard, Illinois 60148

Dear Mr. Logan:

Per your May 20, 1981, request we are enclosing a copy of the Ecology and Environment inspection report that was conducted at the **Trekker Chemical Company** on May 14, 1981. As you will note, during the inspection two hazardous samples were collected and split with your company. To date the analytical results have not been received from our laboratory. When they are completed, we will provide you with a copy of that data. If you have any questions, please contact Sharon T. Rogers at (312) 353-2114.

Very truly yours,

Arnold E. Leder, Chief
Compliance Section
Water & Hazardous Materials
Enforcement Branch

Enclosure

bcc: Gardebring
Bryson
P. Reed, S&A
Rogers
✓ Stone
T. Lentzen, E&E

5EWHME

28 AUG 1981

Art Smith, Plant Manager
Trekker Chemical Company
Route 51 South
P.O. Box 286
Mendota, Illinois 61342

Re: Trekker Chemical Company
Mendota, Illinois ILD065241267

Dear Mr. Smith:

Enclosed please find a copy of the report of the inspection dated June 10, 1981, conducted at the above facility by a representative of the Illinois Environmental Protection Agency (IEPA). The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) as amended by the Quiet Communities Act of 1978. We are pleased to report that your facility was found to be in compliance.

Your cooperation and efforts in this matter are appreciated. Should you have any questions about the report, please contact Phil Kaplan at (312) 353-2114.

Very truly yours,

Arnold E. Leder, Chief
Compliance Section
Water & Hazardous Material
Enforcement Branch

Enclosure

cc: Michael Hayes, Acting Manager
Land/Noise Pollution Control Division
Illinois Environmental Protection Agency

bcc: Constantelos/Klepitsch
Stone
Baumgartner/Lewis
Kaplan
Brad Benning - IEPA, Maywood

PKaplan/ng 8-26-81 6-6715

Gingher NY 8-26-81
Kaplan PK 8-26-81
Baumgartner PK for Baumgartner
Donaldson td
Leder _____

SEWING

28 AUG 1981

Art Smith, Plant Manager
Trekker Chemical Company
Route 21 South
P.O. Box 286
Mendota, Illinois 61342

Re: Trekker Chemical Company
Mendota, Illinois IL006241567

Dear Mr. Smith:

Enclosed please find a copy of the report of the inspection dated June 10, 1981, conducted at the above facility by a representative of the Illinois Environmental Protection Agency (IEPA). The purpose of the inspection was to determine your facility's compliance status with the Resource Conservation and Recovery Act (RCRA) as amended by the Quiet Communities Act of 1978. We are pleased to report that your facility was found to be in compliance.

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Enclosure

cc: Michael Hayes, Acting Manager
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Kaplan
Brad Benning - IEPA, Maywood

PKaplan\ng 8-26-81 8-6715

Gingher - 11-2-81
Kaplan PK 8-26-81
Baumgartner PK for Baumgartner
Donaldson
Leder

09905503
STATE IDENTIFICATION NUMBER
(If Applicable)

ILD065241267
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form B Generator Inspection*
(40 CFR Part 262)

RECEIVED

JUN 18 1981

I. General Information:*

E.P.A. — D.L.P.C.
STATE OF ILLINOIS

(A) Installation Name: TREKKER CHEMICAL CO
(B) Street: Rt 51 South
(C) City: Mendota (D) State: IL (E) Zip Code: 61342
(F) Phone: 815-539-6796 (G) County: La Salle
(H) Date of Inspection: 6-10-81 Time of Inspection (From) 10:00 AM (To) 11:30 AM
(I) Weather Conditions: 75° Sunny

(J) Person(s) interviewed	Title	Telephone
<u>Art Smith</u>	<u>Plant Manager</u>	<u>815 539-6796</u>
<u>A.W. Logan</u>	<u>Manager, Pesticides</u>	<u>312 932-2122</u>
<u>William Brower</u>	<u>Supply & Profit Planning</u>	<u>312 932-2126</u>

(K) Inspection Participants	Agency/Title	Telephone
<u>BRAD Benning</u>	<u>IEPA/Env. Sp.</u>	<u>345-9780</u>

(L) Preparer Information

Name	Agency/Title	Telephone
<u>BRAD Benning</u>	<u>IEPA/Env. Sp.</u>	<u>345-9780</u>

*Do not use this form if Generator is also a treatment, storage, and/or disposal facility.
Complete form "A" if the Generator is also a TSD facility.

II. BRIEFLY DESCRIBE SITE ACTIVITY

Formulation of Pesticides, MICRO nutrients.
Shipped out in small and bulk quantities.
The waste generated is a dust material
from the manufacturing process. Currently
the only hazardous waste is a phorate dust.
(HAZ WASTE NO. P094)

III. MANIFEST REQUIREMENTS (Subpart B)

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Do the manifest forms reviewed contain the following information? (If possible, make copies of, or record information from, manifests that do not contain the critical elements)				
1. Manifest document number?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Name, mailing address, telephone number, and EPA ID number of generator?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Name and EPA ID Number of transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	Yes	No	NI*	Remarks
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Containers are filled
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sealed, labeled and dated, then stored for removal
(C) If required, are placards available to transporter?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	before 90 days.
(D) Pre-shipment Accumulation:				
1. Are containers marked with start of accumulation date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

	Yes	No	NI*	Remarks
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from facility's property line)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HAZ. WASTE IS neither ignitable or Reactive. Drums are checked daily.
4. If wastes are stored in tanks, are the tanks managed according to the following requirements:				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No TANKS
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"
c. Do continuous feed systems have a waste-feed cutoff?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"
d. Are required daily and weekly inspections done?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"
e. Are reactive and ignitable wastes in tanks protected from sources of reaction and ignition, or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"
g. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"

*Not Inspected

Record the following information:

Tank capacity? N/A gallons

Tank diameter? N/A feet

Distance of tank from property line? N/A feet

(see tables 2-1 through 2-6 of NEPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance)

V Training, Emergency Procedures

	YES	NO	NI*	Remarks
A. Do Personnel training records include: (Effective 5/19/81)				
1. Job Titles?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Job Descriptions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Description of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Records of training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have facility personnel received required training by 5-19-81?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do new personnel receive required training within six months?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. Preparedness and Prevention (Part 265, Subpart C)				
1. Maintenance and Operation of Facility:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

*Not Inspected

2. If required, does this facility have the following equipment?

a. Internal communications or alarm systems?

☒

Paging system

b. Telephone or 2-way Radios at the scene of operations?

☒

Telephone

c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

☒

FIRE extinguishers
barrels of clay for
spill control, eye wash
showers

Indicate the volume of water and/or foam available for fire control

2-wells 4in. - emergency generator

Mendota Fire Department.

3. Testing and Maintenance of Emergency Equipment:

a. Has the owner or operator established testing and maintenance procedures for emergency equipment?

☒

Service Co. checks
FIRE extinguishers.

b. Is emergency equipment maintained in operable condition?

☒

Industrial Hygiene dept.
of Amoco, handles all
safety equip. and health
factors at the plant.

4. Has owner/operator provided immediate access to internal alarms (if needed)?

☒

An alarm system
would not be needed

5. Is there adequate aisle space for unobstructed movement?

☒

C. Contingency Plan and Emergency Procedure
(Part 265, Subpart D)

1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part as applicable)

✓

Has a SPCC plan on site.

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?

✓

Have mailed Fire dept. Tech. material on wastes and products at plant.

c. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.

✓

FIRE Depts. have visited plants to familiarize their personnel.

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?

✓

Have outline of plant showing where all emerg. equip is located.

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.

✓

Company generates only a dry - non-ignitable waste, and do not feel a evacuation plan is necessary.

2. Are copies of the Contingency Plan available at site and local emergency organizations?

✓

3. Emergency Coordinator

a. Is the facility emergency Coordinator identified?

✓

b. Is coordinator familiar with all aspects of site operation and emergency procedures?

✓

c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

✓

4. Emergency

If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in §265.56?

No Emergency situations yet

✓

VI. RECORDKEEPING AND REPORTING
(Part 262, Subpart D)

(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?

✓

HAVE not needed

(B) Has the generator submitted Annual Reports and Exception Reports as required?

✓

To submit any exception reports as of yet.

VII. INTERNATIONAL SHIPMENTS
(Part 262 Subpart E)

(A) Has the installation imported or exported hazardous waste?

✓

(If A was answered Yes, then complete the following as applicable.)

1. Exporting Hazardous waste,
has a generator:

a. Notified the Administrator
in writing? _____

b. Obtained the signature of the
foreign consignee confirming
delivery of the waste(s) in the
foreign country? _____

c. Met the Manifest requirements? _____

2. Importing Hazardous Waste,
has the generator:

Met the manifest requirements? _____

VIII. Remarks

REMARKS: The phorate dust is collect in bins
then is transfered to 55 gal drums for
disposal. Trekker currently has a suppl. permit
to take it to Sheffield/Nuclear #2. The
drums are kept outside on an asphalt base
within the perimeter fence. The facility has
an emergency shower and eye wash in the plant
and also a shower in the locker room where
the employees shower after work. The lunch room
also has a separate air supply, to prevent dust
from entering the eating area.

II. OTHER TYPES OF HAZARDOUS WASTE ACTIVITY

(A) _____ Treatment, Storage, and/or Disposal

(B) X Generator (Form B)

(If site is also a generator or TSD, attach this form to form "A" or "B" as appropriate.)

Briefly describe site activity: Trekka chemical is a
Licensed Ill. Special Waste Hauler.
(Permit No. 0196)

III. MANIFEST SYSTEM AND RECORDKEEPING (Subpart B)

Yes	No	NI*	Remarks
-----	----	-----	---------

(A) Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?

✓

IV. INTERNATIONAL SHIPMENTS

Yes	No	NI*	Remark	Number
-----	----	-----	--------	--------

A. Does the Transporter record on the manifest the date the waste left the U.S?

Keywords: *workplace spirituality, organizational commitment, organizational citizenship behavior, turnover intention, organizational trust*

[illegible]

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B. Are signed completed manifest(s) on file?

*Not Inspected

Rev. 1-26-81/J.B.

V. MISCELLANEOUS

A. Does transporter haul
Hazardous Waste into the
U.S. from Abroad?

B. Does the transporter mix
Hazardous Waste of different
DOT shipping descriptions
by placing them into a single
container?

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must
comply with the Generator Regulations.

VI. REMARKS

Remarks: _____

L P C F C O 5 5 C
(1) (8) (9)

OBSERVATION REPORT - SITE INVENTORY NO. 09905503

(11) (18)

CO. - L.P.C.

Region # N

Date 06/14/81
(20) (25)Letter Sent (Yes or No) al
(26)

(Location) (Responsible Party)

Samples Taken: Yes () No (X) Time: From 10:00 m

Ground Water() Surface() Other() To 11:30 m

Photos Taken: Yes () No (X) Interviewed not doneWeather 75° Cloudy
Inspector B P B
(27) (29)

Previous Inspection Previous Correspondence Site Open: Yes() No()

OPERATIONAL STATUS:

TYPE OF OPERATION:

AUTHORIZATION:

Operating (X) Landfill () Storage () E.P.A. Permit ()

Temporarily Closed () Random Dump () Salvage () Variance ()

Closed Not Covered () Other Generator (X) A.C.D. () 21(e) ()

Closed and Covered () Quantity Received Daily(1-6) 1 Board Order ()

Illegal (5) ()
(30) (31)

IMPROVED

JUN 18 1981

LPC 4 1/79 5,000

SAME

DETERIORATED

E.P.A. -- D.L.P.C.
STATE OF ILLINOISI S or D 5
(62)

GENERAL REMARKS: Facility formulates pesticides and

manipulates. They generate phosgene

gas (PO94) which is disposed of in 55 gal

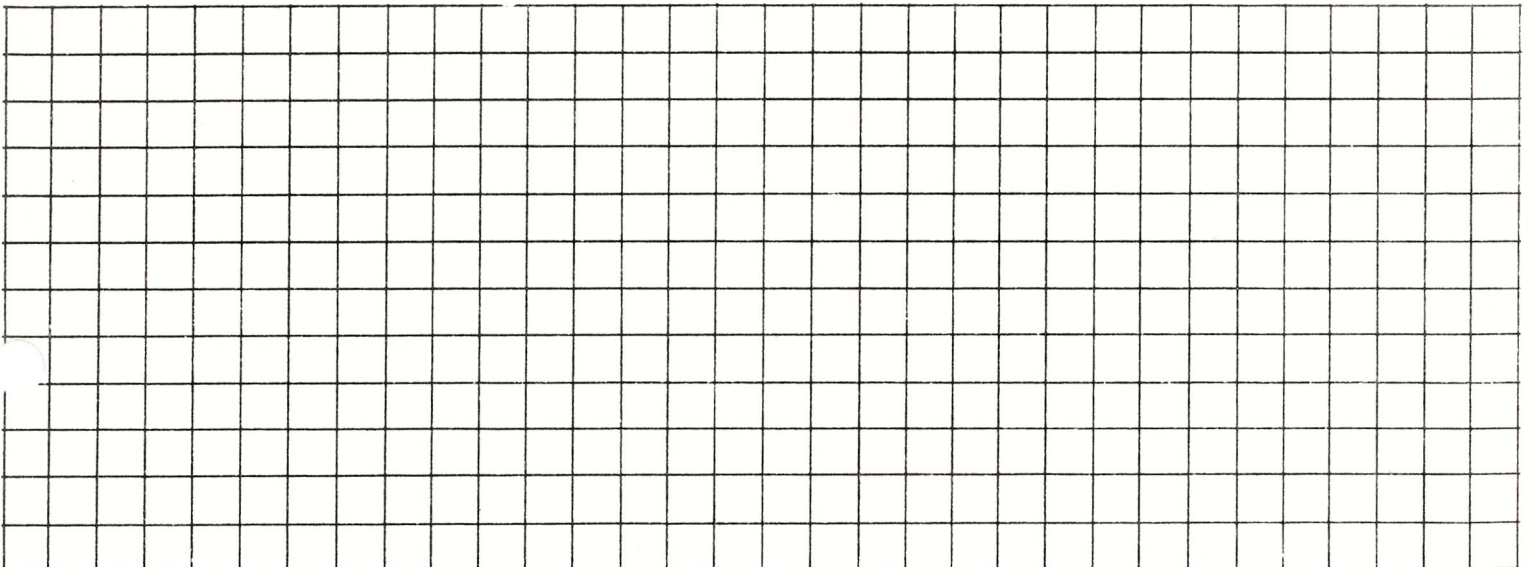
drums at Sheffield/Nuclear #2. Tanker is

INTERVIEW: also a licensed handler, permit (0196).

The facility is in compliance with RCRA

standards applicable to generator and transporter.

DIAGRAM:



December 9, 1980


Mr. L. F. Schnake
Manager, Fertilizer & Pesticides Dept.

Delegation of Authority for:
Approval and Execution of Documents
Pertaining to the Laws and Regulations
of Governmental Environment Protection Agencies

MDI 915 has been reissued effective March 7, 1980, covering
the above subject.

I hereby delegate authorities delegated to me (in their
entirety) to the Manager - Fertilizer/Pesticides.

Included in this delegation is the authority for the Manager -
Fertilizer/Pesticides to redelegate said authority as
appropriate within his organization.



B. D. Gill
Vice-President, Amoco Oil Co.

HES/lrs

Mr. A. F. Fonck	- MC 1508
Mr. M. D. Hartz	- MC 3503
Mr. C. E. Merriam	- MC 1606
Mr. H. E. Stevens	- MC 1402
Mr. R. A. Swanson	- MC 1601-A
Mr. W. C. Murdock	- MC 3605
Mr. P. D. Hickman	- KCAC, File MAC



POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION SITE NUMBER

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME *Inkster Chemical Co* B. STREET *Highway 51 South*
C. CITY *Mendota* D. STATE *Ill* E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X	X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

State sampled residual wells in area + no contamination was found. Site now a uncontrolled hazardous waste problem

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME *S. Rogers* 2. TELEPHONE NUMBER *886-6714* 3. DATE (mo., day, & yr.) *8/24/81*

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

D. TOTAL ESTIMATED COST

\$

Continued From Front

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY ACTIONS (*On Site and Off-Site*): List all emergency actions taken or planned to bring the site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (*On Site and Off-Site*): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. ACTION START DATE (mo, day, & yr)	3. ACTION END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		\$
c. PRIVATE PARTIES		\$
d. OTHER (specify):		\$



POTENTIAL HAZARDOUS WASTE SITE
SITE INSPECTION REPORT

REGION V SITE NUMBER (to be assigned by HQ)

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME TREKKER CHEMICAL COMPANY
B. STREET (or other identifier) RT. 51 2 MILES SOUTH OF MENDOTA
C. CITY MENDOTA
D. STATE IL E. ZIP CODE 61068 F. COUNTY NAME LA SALLE

G. SITE OPERATOR INFORMATION

1. NAME AMOCO OIL COMPANY
2. TELEPHONE NUMBER 312/932-2122
3. STREET 55 W. 22ND ST. 4. CITY LOMBARD
5. STATE IL 6. ZIP CODE 60148

H. REALTY OWNER INFORMATION (if different from operator of site)

1. NAME _____ 2. TELEPHONE NUMBER _____
3. CITY _____ 4. STATE _____ 5. ZIP CODE _____

I. SITE DESCRIPTION

FORMULATOR OF PESTICIDES, HERBICIDES, AND FERTILIZERS

J. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) _____
B. APPARENT SERIOUSNESS OF PROBLEM
☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE

C. PREPARER INFORMATION

1. NAME THOMAS LENTZEN - FIT 2. TELEPHONE NUMBER 312/663-9415 3. DATE (mo., day, & yr.) 6/17/81

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION

1. NAME THOMAS LENTZEN - FIT 2. TITLE GEOLOGIST
3. ORGANIZATION ECOLOGY AND ENVIRONMENT - FIT 4. TELEPHONE NO. (area code & no.) 312/663-9415

B. INSPECTION PARTICIPANTS

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
<u>EILEEN BLACK</u>	<u>ECOLOGY AND ENVIRONMENT - FIT</u>	<u>312/663-9415</u>
<u>CLAUDE MAYS</u>	<u>ECOLOGY AND ENVIRONMENT - FIT</u>	<u>312/663-9415</u>

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)

1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
<u>ARCH LOGAN</u>	<u>MANAGER, PESTICIDES</u> <u>312/932-2122</u>	<u>55 W. 22ND ST.</u> <u>LOMBARD, IL. 60148</u>
<u>ART SMITH</u>	<u>PLANT MANAGER</u> <u>815/539-6796</u>	<u>RT. 51 2 MILES SOUTH</u> <u>OF MENDOTA</u>
<u>ROD GANIM</u>	<u>?</u>	<u>?</u>
<u>THORNTON TRIST</u>	<u>CHEMIST</u> <u>312/932-2122</u>	<u>55 W. 22ND ST.</u> <u>LOMBARD, IL. 60148</u>

INSPECTION INFORMATION (continued)

D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
TREKKER CHEMICAL COMPANY	815/539-6796	RT. 51 2 MILES SOUTH OF PENDOTA	PESTICIDE DUST HERBICIDE DUST

E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
TREKKER CHEMICAL COMPANY	815/539-6796	RT. 51 2 MILES SOUTH OF PENDOTA	PESTICIDE DUST HERBICIDE DUST

F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
- N/A -		

G. DATE OF INSPECTION
(mo., day, & yr.)

5/14/81

H. TIME OF INSPECTION

10:00 AM

I. ACCESS GAINED BY: (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

J. WEATHER (describe)

CLOUDY, RAIN UPPER 40's F°

IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER			
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			
SUMP PIT WATER	XX	NEIC	LATTER PART OF AUGUST 1981

B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.).

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
No MEASUREMENTS TAKEN		

IV. SAMPLING INFORMATION (continued)

PHOTOS

1. TYPE OF PHOTOS

☒ a. GROUND ☐ b. AERIAL

2. PHOTOS IN CUSTODY OF:

U.S. EPA - DPO

D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS:

U.S. EPA FILE

E. COORDINATES

1. LATITUDE (deg.-min.-sec.)

2. LONGITUDE (deg.-min.-sec.)

V. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO

☒ 2. YES (specify generator's four-digit SIC Code): 2879

C. AREA OF SITE (in acres)

≈ 8-10 ACRES

D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this form.

- ☐ 1. STORAGE ☐ 2. INCINERATION ☐ 3. LANDFILL ☐ 4. SURFACE IMPOUNDMENT ☐ 5. DEEP WELL
☐ 6. CHEM/BIO/PHYS TREATMENT ☐ 7. LANDFARM ☐ 8. OPEN DUMP ☐ 9. TRANSPORTER ☐ 10. RECYCLOR/RECLAIMER

VII. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. LIQUID ☒ 2. SOLID ☐ 3. SLUDGE ☐ 4. GAS

B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE ☐ 2. IGNITABLE ☐ 3. RADIOACTIVE ☐ 4. HIGHLY VOLATILE
☒ 5. TOXIC ☐ 6. REACTIVE ☐ 7. INERT ☐ 8. FLAMMABLE

☐ 9. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

RECORDS HAVE BEEN KEPT BY THE COMPANY

VI. WASTE RELATED INFORMATION (continue)

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS		<input checked="" type="checkbox"/> (1) OILY WASTES		<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS		<input checked="" type="checkbox"/> (1) ACIDS		<input checked="" type="checkbox"/> (1) FLYASH		<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.	
(2) METALS SLUDGES		(2) OTHER(specify):		(2) NON-HALOGNTD. SOLVENTS		(2) PICKLING LIQUORS		(2) ASBESTOS		(2) HOSPITAL	
(3) POTW			(3) OTHER(specify):		(3) CAUSTICS		(3) MILLING/MINE TAILINGS		(3) RADIOACTIVE		
(4) ALUMINUM SLUDGE				(4) PESTICIDES		(4) FERROUS SMELTING WASTES		(4) MUNICIPAL			
(5) OTHER(specify):				(5) DYES/INKS		(5) NON-FERROUS SMLTG. WASTES		(5) OTHER(specify):			
				(6) CYANIDE		<input checked="" type="checkbox"/> (6) OTHER(specify): - PESTICIDE DUST - HERBICIDE DUST					
			(7) PHENOLS								
			(8) HALOGENS								
			(9) PCB								
			(10) METALS								
					(11) OTHER(specify):						

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SO-LID	b. LIQ.	c. VA-POR	a. HIGH	b. MED.	c. LOW	d. NONE			
PHOSPHATE	X	X		X					← UNK →	
METHOXYCHLOR		X			X				← UNK →	
MALATHION		X			X				← UNK →	
TOXAPHENE		X				X			← UNK →	
TRIFLUPHALIN	X	X				X			← UNK →	
BENEFIN	X	X				X			← UNK →	

VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☒ A. HUMAN HEALTH HAZARDS

- POTENTIAL, PHOSPHATE IS EXTREMELY TOXIC
 ORAL LD₅₀ - 1
 DERMAL LD₅₀ - 2

VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

- NO INJURIES REPORTED

☐ C. WORKER INJURY/EXPOSURE

- NO INJURIES REPORTED

☐ D. CONTAMINATION OF WATER SUPPLY

- UNKNOWN AT PRESENT

☐ E. CONTAMINATION OF FOOD CHAIN

- NA -

☒ F. CONTAMINATION OF GROUND WATER

- POTENTIAL FOR GROUNDWATER MAY EXIST, DUE TO
SUMP PITS LOCATED NEAR MIXING VATS.
BASEMENT, DURING HEAVY RAINS USED TO FLOOD

☒ G. CONTAMINATION OF SURFACE WATER

- POTENTIAL CAN EXIST. AREA THE SITE IS IN, IS
WITHIN A DISCHARGE ZONE. CONTAMINATION
MAY MIGRATE THROUGH GROUNDWATER AND DISCHARGE
TO SPRING CREEK \approx 1/2 MILE WEST OF SITE.

VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

- NA -

☐ I. FISH KILL

- UNKNOWN AT PRESENT, NOT BELIEVED THOUGH

☐ J. CONTAMINATION OF AIR

- NA -

☒ K. NOTICEABLE ODORS

- SLIGHT ODOR WAS NOTICED ON-SITE BY THE INSPECTION TEAM.

☒ L. CONTAMINATION OF SOIL

- UNKNOWN AT PRESENT

☐ M. PROPERTY DAMAGE

- NA -

VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

- NA -

☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

- SPILLS HAVE BEEN ASSOCIATED WITH SITE
THOUGH NONE NOTICED DURING INSPECTION.

☒ P. SEWER, STORM DRAIN PROBLEMS

- POTENTIAL FOR UNDERGROUND DRAINAGE TILES TO
PICK UP SPILLED MATERIAL AND WASH THIS
MATERIAL OFF SITE

☐ Q. EROSION PROBLEMS

- NA -

☐ R. INADEQUATE SECURITY

- SITE ENCLOSED PARTIALLY BY WIRE FENCE
- NIGHT WATCHMAN / JANITOR PRESENT 7 DAYS / WEEK

☐ S. INCOMPATIBLE WASTES

- NA -

VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

- NA -

☐ U. OTHER (specify):

IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	GREATER THAN 1000	100 - 250	250	≈ 3/4 MILE
2. IN COMMERCIAL OR INDUSTRIAL AREAS	←	UNKNOWN	→	→
3. IN PUBLICLY TRAVELLED AREAS	←	UNKNOWN	→	→
4. PUBLIC USE AREAS (parks, schools, etc.)	←	UNKNOWN	→	→

X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) BELIEVED LESS THAN 5 FT.	B. DIRECTION OF FLOW BELIEVED W	C. GROUNDWATER USE IN VICINITY POTABLE
D. POTENTIAL YIELD OF AQUIFER UNK	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) UNK	F. DIRECTION TO DRINKING WATER SUPPLY UNK

G. TYPE OF DRINKING WATER SUPPLY

- ☐ 1. NON-COMMUNITY < 15 CONNECTIONS*
 ☐ 2. COMMUNITY (specify town): _____ > 15 CONNECTIONS
 ☐ 3. SURFACE WATER
 ☒ 4. WELL

Continued From Page 8

X. WATER AND HYDROLOGICAL DATA (continued)

1. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
G101 *	UNK	≈ 200 YDS N/E OF SITE	X	
G102 *	UNK	≈ 250 YDS N OF SITE	X	
G103 *	UNK	≈ 200 YDS S OF SITE	X	
G104 *	UNK	≈ 200 YDS W OF SITE	X	
		* IEPA CLASSIFICATION		

I. RECEIVING WATER

1. NAME

SPRING CREEK

☐ 2. SEWERS

☒ 3. STREAMS/RIVERS

☐ 4. LAKES/RESERVOIRS

☐ 5. OTHER (specify):

6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

- UNK -

XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE

☐ B. KARST ZONE

☐ C. 100 YEAR FLOOD PLAIN

☐ D. WETLAND

☐ E. A REGULATED FLOODWAY

☐ F. CRITICAL HABITAT

☐ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

'X'	A. COVER BURDEN	'X'	B. BEDROCK (specify below)	'X'	C. OTHER (specify below)
X	1. SAND		LIMESTONE		
X	2. CLAY		SHALE		
X	3. GRAVEL		SANDSTONE		

XIII. SOIL PERMEABILITY

☐ A. UNKNOWN

☐ B. VERY HIGH (100,000 to 1000 cm/sec.)

☒ C. HIGH (1000 to 10 cm/sec.)

☐ D. MODERATE (10 to .1 cm/sec.)

☐ E. LOW (.1 to .001 cm/sec.)

☐ F. VERY LOW (.001 to .00001 cm/sec.)

G. RECHARGE AREA

☐ 1. YES

☒ 2. NO

3. COMMENTS:

H. DISCHARGE AREA

☒ 1. YES

☐ 2. NO

3. COMMENTS:

I. SLOPE

1. ESTIMATE % OF SLOPE

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

LESS THAN 1%

TOWARDS THE WEST

J. OTHER GEOLOGICAL DATA

XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (i.e., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
STATE	IEPA	011451L01	UNK	UNK	X		

XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.

LEGEND

--- PROPERTY LINE >=< CULVERT
- - - DIRT ROAD *** FENCE.
++++ RAILROAD = DRAINAGE DITCH
□ BUILDING ○ TANKS

SITE SKETCH OF TREKKER CHEMICAL COMPANY

GRANDPA'S FARM AIRPORT

TDD # FC5-8103-6

Date JUNE 19, 1981

Prepared By C.E. MAYS, III
ECOLOGY AND ENVIRONMENT, INC.

BRUCE & LAURA

WALDORF'S PROPERTY



FIRST MISS, INC.

FIELD

Rt. 51

HEAVY DUTY

RAW MATERIAL STORAGE
DRAINAGE DITCH

BAG HOUSE

BARRELS

PLANT

DOCK AREA

RR TANK CARS

STORAGE TANKS

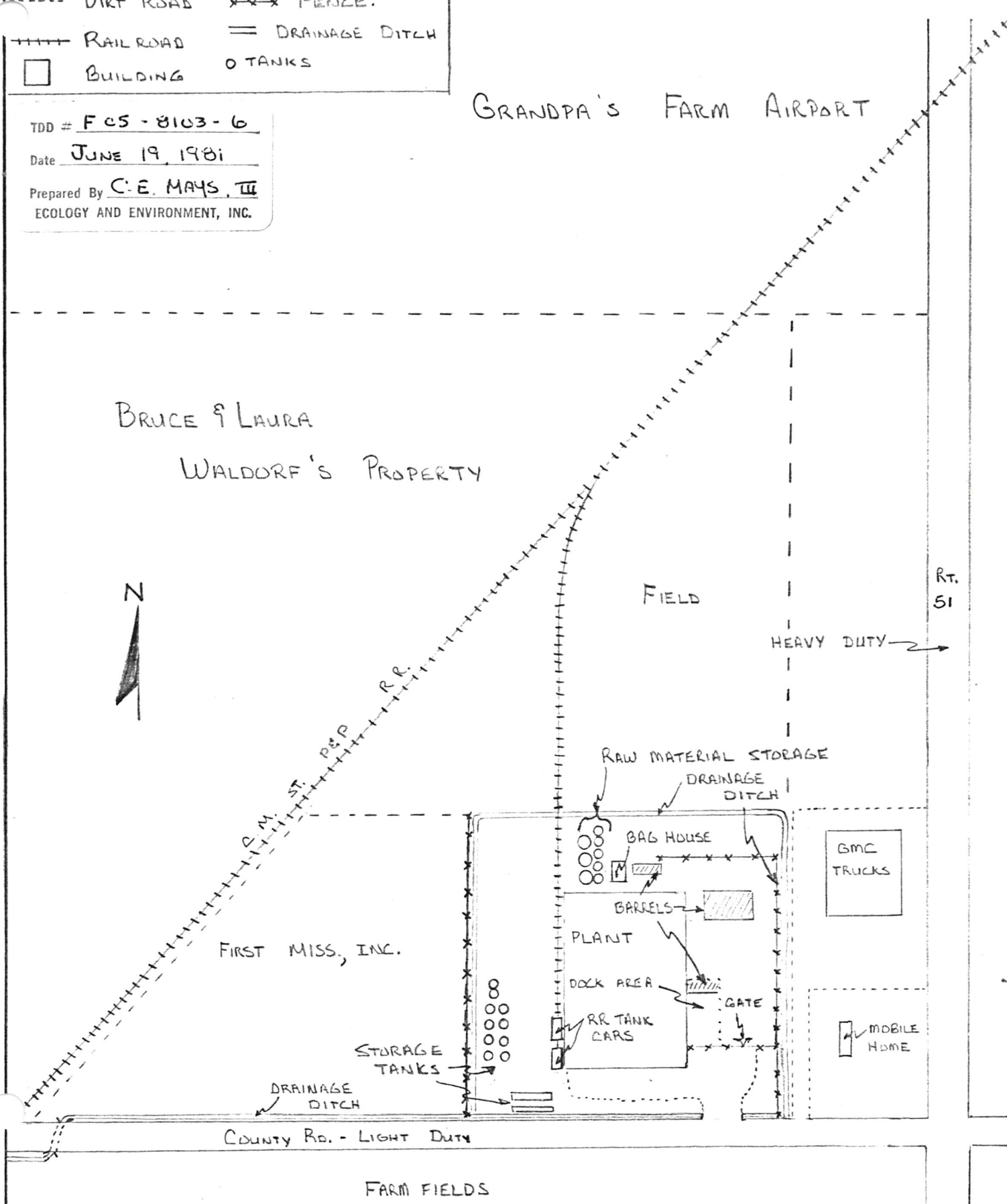
DRAINAGE DITCH

COUNTY RD. - LIGHT DUTY

FARM FIELDS

GMC TRUCKS

MOBILE HOME

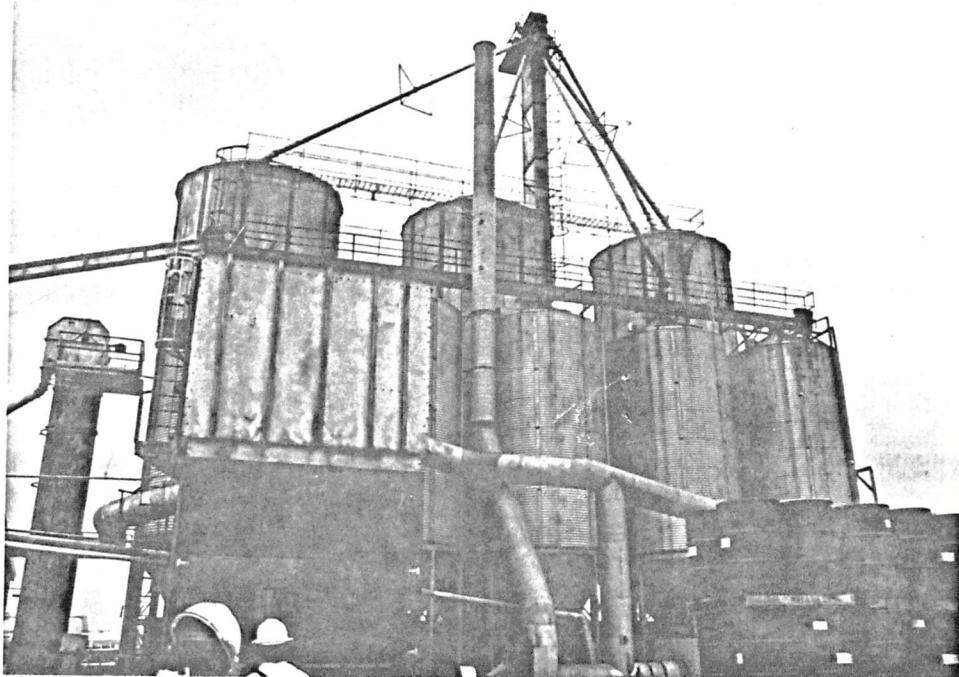


DATE 5/14/81TIME 11:10 (A.M.) P.M.DIRECTION: N NNE NE ENE
E ESE SE SSE
S SSW SW WSW
W WNW (NW) NNWWEATHER CLOUDY, HIGH40'S SLIGHT DRIZZLESITE TREKKER CHEMICALTDD# F5-8103-6

PHOTOGRAPHED BY:

CLAUDE MAYS

SAMPLE ID# (if applicable)

DESCRIPTION: PICTURE SHOWS STORAGE BINS AND BIG HOUSE AREADATE 5/14/81TIME 11:13 (A.M.) P.M.DIRECTION: (N) NNE NE ENE
E ESE SE SSE
S SSW SW WSW
W WNW NW NNWWEATHER CLOUDY, HIGH40'S LIGHT RAINSITE TREKKER CHEMICALTDD# F5-8103-6

PHOTOGRAPHED BY:

CLAUDE MAYS

SAMPLE ID# (if applicable)

DESCRIPTION: PICTURE SHOWS AREA OF CLAY UNLOADING TO STORAGE BINS

DATE 5/14/81TIME 11:15 (A.M.) P.M.DIRECTION: N NNE NE ENE
E ESE SE SSE
(S) SSW SW WSW
W WNW NW NNWWEATHER CLOUDY, HIGH40s LIGHT RAINSITE TREKKER CHEMICALTDD# F5-8103-6

PHOTOGRAPHED BY:

CLAUDE NAYS

SAMPLE ID# (if applicable)

DESCRIPTION: PICTURE SHOWS OIL AND SOLVENT STORAGE AREADATE 5/14/81TIME 12:09 A.M. (P.M.)DIRECTION: N NNE NE ENE
E ESE SE SSE
S SSW SW WSW
(W) WNW NW NNWWEATHER CLOUDY, HIGH40s LIGHT RAINSITE TREKKER CHEMICALTDD# F5-8103-6

PHOTOGRAPHED BY:

CLAUDE NAYS

SAMPLE ID# (if applicable)

81NB08516DESCRIPTION: SUMP PIT WATER (LEFT) LOCATED BELOW THE MIXING VATS IN THE LIQUID DEPARTMENT

DATE 5/14/81TIME 12:11 A.M. (P.M.)DIRECTION: N NNE NE ENE
E ESE SE SSE
S SSW SW WSW
(W) WNW NW NNWWEATHER CLOUDY, HIGH40's LIGHT RAINSITE TREKKER CHEMICALTDD# F5-8103-6

PHOTOGRAPHED BY:

CLAUDE PAYS

SAMPLE ID# (if applicable)

817308517DESCRIPTION: SUMP PIT WATER #2 LOCATED BELOW THE MIXING VATS
IN THE LIQUID DEPARTMENT.

DATE _____

TIME _____ A.M. P.M.

DIRECTION: N NNE NE ENE
E ESE SE SSE
S SSW SW WSW
W WNW NW NNW

WEATHER _____

SITE _____

TDD# _____

PHOTOGRAPHED BY:

SAMPLE ID# (if applicable)

PHOTO

DESCRIPTION: _____

